

Shoulder

Name: _____ Date: _____

Age: _____ Sex: _____ Occupation: _____

Diagnosis: _____

Usual activity/ pastime: _____

Positions held for long time: _____

HPI: _____

PMHx: _____

Past Surgeries: _____

Radiological tests: X-Ray: _____ MRI: _____ Other: _____

Meds: _____

Pain: _____

1-10 scale: _____ Duration: _____ Periodic: _____ Constant: _____ Intermittent: _____

Worse with: _____

Radiation: _____ P&N: _____ Numbness: _____

Deep: _____ Superficial: _____ Shooting: _____ Burning: _____ Aching: _____

Improving: _____ Worsening: _____ Same: _____

Sleeping Position: _____

Functional movements & activities are limited: _____

Location: _____

Posture/Observation: _____

Shlder level: _____

Spasm: _____

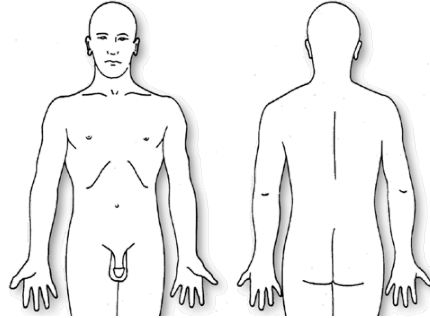
Head Tilt: _____

Torso rotation: _____

Arm rot'n: _____

Head & neck: _____

Other: _____



	Right	<u>AROM</u>	Left	Right	<u>PROM</u>	Left	ResROM - Dermatomes
Neck							(C1,C2)
Flx							
Ext							
Right S.F.							(C3)
Left S.F.							(C3)
Right Rot'n							
Left Rot'n							
	Right	<u>AROM</u>	Left	Right	<u>PROM</u>	Left	ResROM - Myotomes

Shoulder

Shoulder	Flx			
	Ext			
	Elevation			(C4)
	Abd			(C5)
	Add			
	IR			
	ER			
	Hor. Abd			
	Hor. Add			
Elbow	Flx			(C6)
	Ext			(C7)
Forearm	Sup			
	Pron			
Wrist	Flx			(C7)
	Ext			(C6)
Hand	Fist			
	Spread fingers			(T1)
	Thumb extension			(C8)

Special Tests:

<u>Impingement/ tear/ tendinitis</u>		Impingement Relief	
Supraspinatus		Drop arm test	
Hawkins-Kennedy		Speeds test	
Neer's		Fist to roof	
Quadrant test			
<u>Subluxation/ Laxity/Restriction</u>		Posterior Drawer	
Apprehension		Feagin (inf. Instability)	
Relocation		Sulcus sign	
Augmentation		Posterior Apprehension	
<u>Neurological/Vascular</u>		ULTT1 (median)	
T.O.S.:	Allen	ULTT2a (median)	
	Adson	ULTT2b (radial)	
	Costoclavicular	ULTT3 (ulnar)	

Other: Scarf Test: _____ Load & Shift: _____

Cervicothoracic kinetic Test: _____ Pec. Major contracture test: _____

Reflexes: Biceps(C5-C6): _____ Brachioradialis(C5-C6): _____ Triceps(C7-C8): _____

Dermatomes:

C3: _____ C4: _____ C5: _____ C6: _____ C7: _____ C8: _____ T1: _____

Joint Play: _____

Palpation: _____
